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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))				Docket No. STD00.01CIP2CON	
In Re Application Of: <b>EK</b>					
Application No. <b>10/760,965</b>	Filing Date <b>January 20, 2004</b>	Examiner <b>SEP 0. 2. 2004</b>	Customer No. <b>32047</b>	Group Art Unit <b>3732</b>	Confirmation No. <b>1498</b>
Title: <b>SYSTEM AND METHOD FOR JOINT RESURFACE REPAIR</b>					
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
<b>37 CFR 1.97(b)</b>					
1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.					
<b>37 CFR 1.97(c)</b>					
2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:					
<input type="checkbox"/> the statement specified in 37 CFR 1.97(e);					
<b>OR</b>					
<input type="checkbox"/> the fee set forth in 37 CFR 1.17(p).					

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT**  
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.  
**STD00.01CIP2CON**

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Title: **SYSTEM AND METHOD FOR JOINT RESURFACE REPAIR**

**Payment of Fee**

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☐ The Director is hereby authorized to charge and credit Deposit Account No. \_\_\_\_\_ as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☐ Credit any overpayment.
- ☐ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

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Signature

Dated: **August 31, 2004**

**Edmund P. Pfleger**

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CC:

